

MERCER COUNTY TAX ADMINISTRATOR

Sandy Sanders

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QUESTIONNAIRE FOR MERCER COUNTY OCCUPATIONAL LICENSE FEE AND NET PROFIT ACCOUNT*
(Current fee rate - .45%)

Business or Trade Name

Contact Name

Local Business Address or

Local Job Site

Mailing Address

(if different from above)

Owner/Partner

Business Telephone No.

_____ Fax _____

Ownership

____ Sole Proprietorship ____ Partnership ____ LLC
____ Corporation ____ S Corporation ____ Non-Profit
____ Individual ____ Other

Federal ID# or Social Security #

Type of Business

Date Business Started

_____ No. of Employees _____

(in Mercer County)

Contract Labor _____ ***

IRS Accounting Period

____ Calendar Year Ending 12/31

____ Fiscal Year Ends ____/____

Signature of Preparer

Mercer County Occ. Acct. No.

*Failure to complete and return this form will not exclude you from your tax liability and may result in penalty and interest charges incurred due to late filing of tax forms and payments

***All sub-contractors are required to register with the Mercer County Tax Administrator. Please provide a listing of all sub-contractors including mailing addresses with your questionnaire. Copies of 1099's issued for work performed in Mercer County will be required.